

Wylie Recreation Center - Kids Individual Recreation Pass

- **PURPOSE** – Available to Parent/Legal Guardian that is unable to come into the Facility to complete the transaction in-person. Examples: parent at work, child is visiting relative in Wylie or parent is out of town.
- **Original or copy of Parent/Legal Guardian valid driver's license is required.**
- The completed form and driver's license may be hand delivered **-OR-** scanned/mailed to **Recreation@WylieTexas.gov**.
- Must be complete, including appropriate signature prior to Pass purchase.
- Print clearly.
- In person payment is required.



Select one (1) Recreation Pass – PARENT INITIAL REQUIRED

<input type="checkbox"/> Kids - Annual Pass Parent/Legal Guardian Initials: _____	<input type="checkbox"/> Kids - 3 Month Pass Parent/Legal Guardian Initials: _____	<input type="checkbox"/> Kids - 1 Month Pass Parent/Legal Guardian Initials: _____
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Pass Holder's Information

First Name _____ Last Name _____
Street Address _____
City _____ State _____ Zip _____
Birthdate _____ Age _____
Home Phone _____ Cell Phone _____
Alternative Phone _____ Email address _____

{Family Account} Primary Contact's Information

(Parent/Legal Guardian)

First Name _____ Last Name _____
Birthdate _____
Cell Phone _____ Alternative Phone _____
Email address _____

{Family Account} Emergency Contact's Information

(Lives outside of Pass Holder's household)

First Name _____ Last Name _____
Relationship _____
Cell Phone _____ Alternative Phone _____



By purchasing a Pass, agreement with all Recreation Rules and Guidelines and Terms of Use is implied. Guests are responsible for obtaining and reviewing a copy of Rules and Guidelines; available in person and on the City of Wylie website. **WylieTexas.gov > Wylie Recreation Center > Recreation Rules and Guidelines**

Kid Rec Pass

Pass Terms of Use

- The Recreation Pass allows the identified person entrance to the Wylie Recreation Center.
- The use of the Recreation Pass is governed by, and the cardholder agrees to abide by, City of Wylie Parks and Recreation Department policies and procedure.
- A Recreation Pass is non-refundable and non-transferable.
- A Recreation Pass expires at one month, three months or one year from date issued.
- A Recreation Pass is property of the City of Wylie and must be returned upon staff request.
- Each guest must purchase and scan their own Recreation Pass.
- A completed City of Wylie Waiver and Release is required for all Recreation Pass holders.
- Proof of residency and/or corporate affiliation is required to purchase or renew a Recreation Pass.
- The City of Wylie may ask for identification at any time.
- A replacement card must be purchased at a rate of \$5 for lost or damaged cards.

I UNDERSTAND THAT THE ACTIVITIES/PROGRAMS HELD WITHIN THE PARKS AND RECREATION DEPARTMENT MAY INCLUDE PHYSICAL ACTIVITY AND EXERCISE WITH THE POSSIBILITY OF PHYSICAL CONTACT AND BODILY INJURY TO MYSELF OR MY CHILDREN OR WARD (IF ANY) LISTED ABOVE, AND THAT THE PARKS AND RECREATION DEPARTMENT AND ITS STAFF AND THE CITY OF WYLIE (THE CITY), ARE NOT UNDERTAKING RESPONSIBILITY TO OVERSEE ACTIVITIES THAT ARE FREE FROM THE RISK OF INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY, AND I HEREBY ASSUME ALL OF SAID RISKS FOR MYSELF AND MY CHILDREN. IN CONSIDERATION OF THE USE AND AVAILABILITY OF THE SERVICES AND FACILITIES, BY ME AND THE ABOVE LISTED CHILDREN AND WARDS IF ANY, I HEREBY AGREE TO RELEASE, RELIEVE, HOLD HARMLESS, AND INDEMNIFY THE CITY, THE CENTER, AND THEIR RESPECTIVE OFFICERS, AGENTS, INSTRUCTORS, AND EMPLOYEES FROM ALL LIABILITY AND CLAIMS ARISING OUT OF ANY ACCIDENT OR INJURY SUFFERED OR INCURRED BY ME OR SAID CHILDREN OR WARDS WHILE ENROLLED IN ANY CLASS OR PROGRAM SPONSORED, ORGANIZED OR SUPERVISED BY THE CENTER OR THE CITY, EXCEPT FOR ACTS OF GROSS NEGLIGENCE OR INTENTIONAL ACTS OF THE SAID OFFICERS, AGENTS, INSTRUCTORS, AND EMPLOYEES. FURTHER, IN CASE OF ACCIDENT, INJURY OR SUDDEN ILLNESS, I AUTHORIZE ANY FIRST-AID OR EMERGENCY MEDICAL CARE WHICH MAY BECOME NECESSARY FOR MY CHILD, WARD OR MYSELF WHILE ENROLLED IN ANY ACTIVITY OR PROGRAM ADMINISTERED BY THE CITY. I ALSO AUTHORIZE THAT MY CHILD, WARD OR I MAY BE TRANSPORTED TO A LOCAL MEDICAL FACILITY. IF I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GRANT PERMISSION FOR MY CHILD OR WARD NAMED ABOVE TO RECEIVE ALL APPROPRIATE MEDICAL TREATMENT NECESSARY. BY EXECUTING THIS DOCUMENT, I HEREBY ASSUME, ON BEHALF OF MY CHILD OR WARD, ALL RISK OF INJURY OR LOSS TO WHICH HE OR SHE MAY BE EXPOSED.

GUARDIAN: Printed name of the minor Participant's Legal Guardian:

RELATION TO MINOR: Printed relationship of Legal Guardian to the minor Participant:

Date:

SIGNATURE: The minor Participant's Legal Guardian:

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